

## **APPENDIX A QUESTIONNAIRE**

## SITE QUESTIONNAIRE

All current and historic street addresses of this facility: 86 NORTH MAIN ST.

Current site owner and dates of ownership: JUAN + ROSE RODRIGUEZ / 01-03-94 - Present

All assessors' parcel numbers (APNs): 028-24-025-00

✓ Current site tenant and dates of occupancy: YOLANDA HERNANDEZ / 02-28-95 To Present

Size of parcel(s)/property: ↑

Number and square footage of on-site structure(s): 6180 1,297 house

✓ Construction date/age of on-site structure(s): age = 78 yrs. effective age 40 yrs

Current facility use: SINGLE RESIDENTIAL

Prior facility use, former tenants and years of occupancy: Prior owners were MR + MRS. MICHAEL ALBERT DUTRA. UNKNOWN YEARS OF OCCUPANCY.

Please describe your industrial processes. Are hazardous materials used? If yes, describe how: N/A

Are any of these structures on-site?

Aboveground storage tanks .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Air emission control systems .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Boilers .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Clean rooms .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Elevators .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Equipment maintenance or auto servicing areas .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Hazardous materials storage areas .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Emergency generators .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Railroad lines .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Sumps .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Transformers .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Transformers containing oil with PCBs .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Underground storage tanks .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know
Waste water neutralization systems .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Don't Know

If yes to any of the above, please briefly describe or attach documentation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Chemical Storage Area

Describe how hazardous materials are stored.

N/A

Describe any secondary containment system for hazardous materials.

N/A

Is the chemical storage handled in a manner that the floor can be routinely inspected for spilled chemicals? N/A  
..... ☐ Yes ☐ No ☐ Don't Know

When was the last time the floor was inspected? N/A  
If yes, please attach any available reports.

Is the chemical storage area labeled with a NFPA placard? ..... ☐ Yes ☐ No ☐ Don't Know

### Hazardous Materials Business Plan

Do you have a current inventory of all chemicals used on-site? ..... ☐ Yes ☐ No ☐ Don't Know  
If yes, please attach any available reports. N/A

Is a written report submitted to local regulatory agency showing quantity, storage location, average daily quantity, maximum daily quantity of hazardous materials at any given time and average yearly usage?  
..... ☐ Yes ☐ No ☐ Don't Know  
If yes, please attach any available reports.

Has the inventory been verified by regulatory inspectors, or outside consultants?  
..... ☐ Yes ☐ No ☐ Don't Know  
If yes, please attach any available reports.

Do you treat chemical waste on-site? ..... ☐ Yes ☒ No ☐ Don't Know  
If yes, please describe.

Do you have a permit to treat chemical waste on-site? ..... ☐ Yes ☒ No ☐ Don't Know  
If yes, please describe.

How is chemical waste disposed? N/A

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Is any chemical waste disposed to the sanitary sewer? ..... ☐ Yes      ☒ No      ☐ Don't Know  
If yes, please describe.

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Is any chemical waste disposed to the atmosphere? ..... ☐ Yes      ☒ No      ☐ Don't Know  
If yes, please describe.

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**Miscellaneous**

Has there been a leak or spill of hazardous materials at this facility or any other facility occupied by you?  
If yes, please attach any available documentation.

N/A

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Has your business received a violation notice regarding hazardous materials usage, storage or disposal practices?  
If yes, please attach any available documentation.

N/A

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Has an asbestos survey of the on-site structures been performed? ..... ☐ Yes ☐ No ☒ Don't Know

If yes, please attach any available reports.

Has a lead-based paint survey of the on-site structures been performed? ..... ☐ Yes ☐ No ☒ Don't Know

If yes, please attach any available reports.

Has soil and ground water sampling been conducted at this facility or any other facility occupied by you? ..... ☐ Yes ☐ No ☒ Don't Know

If yes, please attach available reports.

Completed by: ROSE E. RODRIGUEZ Rose E. Rodriguez \_\_\_\_\_  
Name (Print) Signature Date

Please return to:

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